

APPENDICES


Appendix 1 Registration form

The guest will fill out the registration form. Guest will write address, city, e-mail, phone number, read the policy and twice of the guest signature

GUEST REGISTRATION CARD			
01/06/2021	03/06/2021	2 / 0	
Arrival Date	Departure Date	Adult (s) / Children	Room Number
	BAROPENRO	Suite With View Non Smoking King	
Daily Room Rate	Daily Room Rate	Room Type	
Name <u>Mr Cornelius Vito Pascal</u>			
Address _____			
City / Town _____		Postal / Zip Code _____	
Email Address _____		Country <u>Indonesia</u>	
<u>08128013702</u>		Telephone _____	
INDONESIAN		Nationality _____	
<u>16/09/1991</u>		Date of Birth _____	
		Passport / ID Number _____	
		FF Number _____	
Newspaper <input type="checkbox"/> International Herald Tribune <input type="checkbox"/> Kompas <input type="checkbox"/> Jakarta Post			
Room Preference <input type="checkbox"/> Smoking <input type="checkbox"/> Non Smoking <input type="checkbox"/> Bed Preference <input type="checkbox"/> King Bed <input type="checkbox"/> Twin Bed			
Method of Payment <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> Travel Agent <input type="checkbox"/> Company			
Important Information			
<small>Room rates are subject to 11 % government tax and 10% service charge. All guests and their visitors are required to present an original and valid passport or ID card for security purposes. Money, jewelry and other valuables must be placed in the safe deposit box available in the room otherwise the hotel and management cannot be held responsible for any loss howsoever caused.</small>			
Confirmation No. 80915		Guest Signature _____	
<small>Notwithstanding any method of payment, I agree that I am personally liable for all costs and charges incurred during my stay. In the event that any such costs and charges are not paid in full I confirm that my responsibility in that regard is not waived or released in anyway.</small>			
<small>Non-smoking guestrooms at this hotel are designated as non-smoking. If smoking occurs in such guestrooms these rooms shall be subject to additional cleaning fees and/or fines. This hotel shall charge an additional cleaning fee of IDR 1,000,000 in the event of not being able to re-sell a room due to smoke residue. Should you smoke in this room, your signature on this registration card and/or the credit card authorization form used to secure the charges for your stay authorizes these additional charges to be placed on your room bill.</small>			
		Guest Signature _____	
Jalan Lakmana No 77 Seminyak 80361, Bali, Indonesia. Tel +62 361 8465977, Fax +62 361 8465988 www.uhotelsorts.com/upashaseminyak.com			

Appendix 2 Miscellaneous Form

Miscellaneous Form are used for all payment of the guest that don't use billing number.



**U PASHA SEMINYAK
BALI**

MISCELLANEOUS CHARGE

No. 06828

NAME _____
ROOM/ACCT. NO. _____
DATE _____

Government tax 11%	
Service Charge 10%	
TOTAL	

HOST _____ APPROVED BY _____ GUEST SIGNATURE _____

Jalan Laksmiana, No. 77, Seminyak, Bali, Indonesia, Tel +62 361 8465 977, Fax +62 361 8465 998, www.usapashaseminyak.com

Appendix 3 Cash Receipt Form

Cash deposit receipt form are used for deposit of the guest by using cash payment upon check in.



No. 01976

RECEIPT

Date

Received from

Address

In Payment of

Amount

Payment Method

Cash

Credit Card No.....

Cheque Bank

Branch Cheque No.

(IDR.....)

Sub Total

V.A.T

Total Amount

Cashier

Authorized Signature

If payment is made by cheque, this receipt will be valid when cheque is honored

